

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS538HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2009
NAME OF PROVIDER OR SUPPLIER FAMILY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 W. CHARLESTON BLVD., SUITE 150 LAS VEGAS, NV 89102		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a State licensure survey conducted from May 21, 2009 to May 22, 2009.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census was 1212. Fifteen patient files were reviewed.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanisms established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H152	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for</p>	H152	<p>Tag H152 – 449.782 Personnel Policies</p> <p>1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
President/Administrator

(X6) DATE

6/19/2009

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H152	<p>Continued From page 1</p> <p>each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 (3):</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency of facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p>	H152	<p><u>Continued from Page 1 H152 449-782</u></p> <p>The prints were sent to the Central Repository for Nevada Records of Criminal History on May 22, 2009 after confirming with the Repository that they would accept them.</p> <p>2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>Audit of all current employees' files will be completed. Any deficiencies will be promptly re-fingerprinted and submitted to the Central Repository for Nevada Records of Criminal History.</p> <p>Attachment 1 – Fingerprint Tracking Audit</p> <p>3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>New process initiated for tracking of fingerprints:</p> <p>a) The Administrative Assistant to the Professional Services Director will receive a list weekly of the new hires for FHS from the United HealthCare/Nevada HR Department.</p> <p>b) All of the employees are entered on the Fingerprint Tracking Audit sheet.</p> <p>c) During employee orientation, the employee will sign the Statement of Criminal History; obtain Agency authorization to have fingerprints completed at vendor with direction to complete the fingerprinting within 5 days.</p>	

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H152	Continued From page 2 Based on employee file review and staff interview, the facility failed to comply with NRS 449.179 for 1 of 19 sampled employees (#13). Findings include: Record review of Employee #13's file revealed, Employee #13 was hired on 11/13/08. Employee #13's file did not have results of fingerprint background check as required by NRS 449.179 (3). Interview with the agency's President on 5/20/09 revealed, Employee #13's fingerprints were completed but were not mailed out. The agency's President was unable to verbalize why the cards were not sent to the Central Repository. Severity: 2 Scope: 3	H152	Continued from Page 2 H152 449-782 d) The vendor then completes the fingerprinting and submits to the Repository. e) The employee brings two fingerprint cards to the Administrative Assistant once the fingerprinting is completed. f) The Administrative Assistant tracks the fingerprinting process until the State and FBI results are received. If there is a delay, these Agencies are contacted. g) Once the results from both Agencies are received, the information is entered into an electronic database to track the date to redo at 5 years. At that point the process listed above recurs. h) Weekly, the Administrative Assistant will notify the Professional Services Director of any delay in compliance with the above time frame. Continued in Attachment 1 *****	
H167	449.788 Services to Patients 2. Services must be supplied only by qualified personnel and under the supervision of a physician licensed to practice in this state. Qualifications include licensure, registration, certification or their equivalent, as required by state or federal law, for each of the following disciplines: (a) The professional registered nurse must hold a state license. (b) The practical nurse must hold a state license (c) The home health aide must hold a certificate as a nursing assistant issued by the state board of nursing. (d) The physical therapist must be registered in this state.	H167	Tag H167 – 449.788 Services to Patient 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> Patient #14. Orders will be reviewed and reprinted with the respective RNs title and sent to the physician for review. The RN Manager will document in a clinical note those entries that were not signed giving the title of the respective RN and reason the title did not appear previously. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i>	

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H167	<p>Continued From page 3</p> <p>(e) The occupational therapist must meet the requirements of the American Occupational Therapy Association or the equivalent thereof.</p> <p>(f) The speech therapist must hold a certificate from the American Speech and Hearing Association or the equivalent thereof.</p> <p>(g) The social worker must be licensed pursuant to chapter 641B of NRS.</p> <p>(h) The nutritionist must have a bachelor of science degree in home economics in food and nutrition or the equivalent thereof.</p> <p>(i) The inhalation therapist must be registered by the American Association of Inhalation Therapists or the equivalent thereof.</p> <p>This Regulation is not met as evidenced by: Based on record review, the Nurse Practice Act and staff interview, the agency nurse failed to identify herself by her appropriate title in 2 of 15 patient records (#14 and #11).</p> <p>Findings include:</p> <p>The agency admitted Patient #14 on 5/8/09. Patient #14's diagnoses included antepartum diabetes and asthma.</p> <p>A skilled nurse completed an assessment for an initial visit on 5/8/9, a progress note on 5/8/09, a routine visit on 5/13/09, a progress note on 5/16/09, and a routine visit on 5/19/09.</p> <p>On 5/22/09 in the morning, clerical staff indicated the skilled nurse was a registered nurse.</p> <p>The five instances of documentation listed above failed to indicate a licensed title after the skilled nurse's signature.</p> <p>NAC 632.249 1. Each registered nurse, licensed practical</p>	H167	<p><u>Continued from Page 3 H167 449-788</u></p> <p>a) A review of the computer resource section was completed for all new staff data entered into the system beginning 2009. There was a computer error with attaching nursing titles to the clinician's name. The error has been corrected, tested and resolved.</p> <p>b) A query will be developed on all clinicians listed in the resource section of the electronic medical record system (EMR) to identify any missed title attachments to the name. This will correct the issue with the electronic signature.</p> <p>c) Corrections will be made to any clinician title not noted correctly.</p> <p>3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>a) All new employee names and titles will be entered by the QI Reports Coordinator into the Resource section of the EMR system during the new employee's general orientation.</p> <p>b) When the new employee attends computer training for utilization of the EMR system, the employee will be required to pull themselves up from the resource section to verify all entries are completed on the basic screen.</p> <p>c) When the new employee completes orders and/or plan of care, the electronic signature will be reviewed by the Clinical Review Specialist to ensure the clinician's signature and title has been captured.</p>	

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H167	Continued From page 4 nurse, certified nursing assistant, nursing student, and nurse certified in an advanced specialty shall identify himself by his appropriate title: a. When he records information on a record; ... The same registered nurse above signed an expected outcome on a plan of care for Patient #11 dated 5/8/09. The skilled nurse's signature lacked her title. Severity: 1, Scope: 1	H167	<u>Continued from Page 4 H167 449-788</u> d) A signature/title guideline will be developed to address the need for all clinicians to choose the name/added signature when notes are entered. An in service will be provided to all clinical staff for review of the signature/title guideline. This guideline will be added to Clinical Orientation for all new employees. Continued in Attachment 2 *****	
H180	449.793 Evaluation by Governing Body 6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during hte preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to provide documented evidence it	H180	Tag H180 – 449.793 Evaluation by Governing Body 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> All patients in the Agency would be affected by this practice; therefore, the corrective actions listed in number 3 below will be applied to all patients of the agency. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All patients in the Agency would be affected by this practice; therefore, the corrective actions listed in number 3 below will be applied to all patients of the agency. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> New audit selection process initiated:	

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H180	Continued From page 5 reviewed 10% of patient records in each service area for the first quarter of 2009. Findings include: On 5/22/09 at 2:30 PM, the Professional Services Director (PSD) provided the following audit information for the first quarter of 2009: social services, regulatory review, and wound indicator. On 5/22/09 at 4:30 PM, The PSD failed to indicate how the agency met the required review of 10% of patient records in each service area in relation to its census for the first quarter of 2009. The information the PSD presented lacked documented evidence demonstrating the agency reviewed 10% of patient records in each service area in relation to its census for the first quarter of 2009. On 5/22/09 at 4:35 PM, the Administrator failed to indicate how the agency met the required review of 10% of patient records in each service area in relation to its census for the first quarter of 2009. Severity: 1 Scope: 3	H180	Continued from Page 5 H180 – 449.793 a) Between the fifth and the seventh day of the month; a report will be generated from the electronic medical record system for audit selection. The report will provide all services and patient names. b). A 10 % audit selection will be randomly pulled from each service, by selecting every tenth name down the list. c) The total number of patients receiving services will be documented on a monthly audit selection table. d) Each quarter, the QI department will provide a report to the Performance Leadership, the Professional Advisory Group and the Board of Directors documenting the result of the audit of 10% of patient records in each service area. e) The monthly audit selection will be attached to the Quarterly QI Report and filed in the QI department. • Attachment 3 – Monthly Discipline Audit Selection Continued in Attachment 3 *****	
H186	449.797 Contents of Clinical Records Clinical records must contain: 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. This Regulation is not met as evidenced by: Based on policy review, record review and staff interview, the agency files lacked a history and physical and/or clinical summary from discharging facilities for 3 of 15 patients (#2, #4,	H186	Tag H186 – 449.797 Contents of Clinical Records 1. What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice? FHS Health Information Management (HIM) will request the discharge summaries for patients 2, 4, and 11.	

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H186	Continued From page 6 and #11). Findings include: According to agency Policy #7.012 (effective 2/21/01) Contents Of The Clinical Record, a patient's file should include "information as to whether home health services are after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities." The files for Patient #2, #4, and #11 lacked histories and physicals and/or clinical summaries from their discharging facilities. On 5/22/09 in the afternoon, interview with the clerical staff indicated Patient #2, #4, and #11 lacked outstanding histories and physicals and/or clinical summaries. Severity: 2 Scope: 1	H186	<u>Continued from Page 6 H186- 449.797</u> 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> Due to previous FHS process, all current patients have the potential to be affected; therefore, all files will be reviewed and appropriate clinical summary requested. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> New process for requesting clinical summaries initiated. a) The HIM Specialist will review all documents received with referral. b) If clinical summary received, HIM Specialist will note in EMR task that it was received. Continued in Attachment 4 *****	
H190	449.797 Contents of Clinical Records 7. Therapist's notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered. This Regulation is not met as evidenced by: Based on record review, policy review and staff interview, the agency failed to provide physical therapy documentation for 2 of 15 patients (#9 and #12). Findings include: The agency admitted Patient #9 on 1/21/09. Patient #9's diagnoses included status post motor	H190	Tag H190 - 449.797 Contents of Clinical Records 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> Patient #9: Patient is discharged from service. The Physical Therapist involved will write a detailed progress note to explain the deficits related to physical therapy omissions and document the respective plan of care which was omitted. These documents will be given to the physician in person by the physical	

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H190	<p>Continued From page 7</p> <p>vehicle accident with bilateral ankle fractures, gait abnormality, and pregnancy.</p> <p>On 3/22/09, Patient #9's plan of care indicated a physical therapy evaluation.</p> <p>Patient #9's file contained documented evidence of physical therapy visits on 3/24/09, 3/26/09, 3/31/09, 4/8/09, 4/10/09, and 4/13/09. Each visit document indicated twice weekly physical therapy visits.</p> <p>On 4/8/09, a skilled nurse indicated Patient #9 received physical therapy visits three times weekly.</p> <p>On 5/19/09, a skilled nurse indicated the agency recertified Patient #9 to continue with physical therapy.</p> <p>On 5/22/09 in the morning, Patient #9's file lacked the following documented evidence for the certification period 3/22/09 to 5/20/09:</p> <ol style="list-style-type: none"> 1. A physical therapy evaluation ordered on 3/22/09 2. Physical therapy visits dated from 4/14/09 to 5/22/09 3. Physician orders for physical therapy visit frequency 4. A physical therapy discharge summary <p>On 5/22/09 during an interview in the morning, the Professional Services Director and clerical staff indicated the physical therapist responsible for the four items above would try to deliver the above documented evidence regarding physical therapy services.</p> <p>The agency admitted Patient #12 on 4/25/09.</p>	H190	<p><u>Continued from Page 7 H190-449.797</u></p> <p>therapist to further explain the issues involved.</p> <p>Patient # 12 Patient discharged from therapy as of May 18th. There currently are visits for May 12th and May 15th in the medical record. The clinician had completed these two visits but they had not been received by the office on the date of Survey. The Physical Therapist will write a progress note to the physician to account for the missed visits the w/o May 3rd – May 10th.</p> <ol style="list-style-type: none"> 2. How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken. <p>Audit EMR Projected Visits report to identify patients who currently have visits and orders that may be deficient. The respective Physical Therapist will be contacted to secure the correct documentation.</p> <ol style="list-style-type: none"> 3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? <p>The Physical Therapist, Lead and the Administrative Coordinator Sr. will utilize the Projected Visits Report to oversee the submission of documentation of services to the Agency. Through the Electronic Medical Record, the Projected Visits Report monitors the submission of documentation. The following process will be initiated:</p> <ol style="list-style-type: none"> a) The Administrative Coordinator Sr. will monitor the orders for services by physical therapy to assure all cases are initiated 	

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H190	<p>Continued From page 8</p> <p>Patient #12's diagnoses included pathological hip fracture, total hip fracture, and bone/breast cancer.</p> <p>On 4/25/09, Patient #12's plan of care indicated twice weekly physical therapy visits between 5/3/09 and 5/16/09.</p> <p>Patient #12's file lacked documented evidence of physical therapy visits or a physician's order discontinuing them between 5/3/09 and 5/16/09.</p> <p>Physical therapy documented a visit on 5/18/09 and discharged Patient #12.</p> <p>On 5/22/09 at 2:00 PM, interview with clerical staff indicated the following when asked about Patient #12's missing physical therapy visits: "what you have is what we have. There aren't any more copies."</p> <p>Agency Policy #7.012, effective 2/21/01 and revised 5/27/08, indicated a patient's clinical record should include therapists' notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered."</p> <p>The agency's policy "Entries Into Clinical Records", effective 4/1/99 and revised 3/1/06, indicated "the visit documentation will be completed the day of care provided to the patient. All notes will be written and/or data entered, and synchronized at the end of shift."</p> <p>Severity: 2 Scope: 1</p>	H190	<p><u>Continued from page 8 H190-449.797</u></p> <p>within the appropriate time frames and assure there is documentation of any delay in service with notification to the physician.</p> <p>b) The Lead Physical Therapist and/or Administrative Coordinator Sr. will review the Projected Visits Report twice weekly to assure all documentation of visits, per the plan of care have been submitted to the agency; if there is evidence that the plan of care was altered, the physician will be notified.</p> <p>4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i></p> <p>The 10 % audit of the physical therapy services will include the physician orders including submission of documentation. This documentation will be submitted monthly to the Performance Improvement Leadership, PAG quarterly and the Board of Directors at least annually.</p> <p>5. <i>Responsible Party:</i></p> <p>Professional Services Director</p> <p>6. <i>Anticipated date of completion:</i></p> <p>July 15, 2009</p> <p>*****</p> <p>Tag H195 – 449.800 Medical Orders Governing Body</p> <p>1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i></p>	
H195	449.800 Medical Orders	H195		
	2. Initial medical orders, renewals and changes of			

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H195	<p>Continued From page 9</p> <p>orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out. All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on clinical record review and agency policy review, the agency failed to obtain signatures within 20 working days on a physician's order for 2 of 15 patients (#5 and #10).</p> <p>Findings include:</p> <p>The agency admitted Patient #5 on 5/21/08. Patient #5's diagnoses included vascular graft, status post venous catheter, lower extremity deep vein thrombosis/embolism, peripheral vascular disease, hypertension, and diabetes.</p> <p>On 5/21/08, the agency initiated Patient #5's plan of care. The agency failed to receive the physician's signature on the plan of care until 6/30/08.</p> <p>On 5/21/09 in the afternoon, Patient #10's file contained verbal orders for physical therapy treatments initiated on 3/19/09 and 3/22/09. Both orders lacked a physician's signature.</p> <p>According to the agency's policy "Contents Of The Clinical Record" guideline, effective 2/21/01 and revised 5/27/08, the clinical record should include "legible, complete and individualized diagnostic and therapeutic orders signed the physician within 20 working days (cross reference Policy #3-002 and 4-003)."</p> <p>Severity: 1 Scope: 1</p>	H195	<p><u>Continued from Page 9 H195-449.800</u></p> <p>The 20 working days time from to have the orders signed for both patient's #5 and #10 has passed so restitution cannot be made.</p> <p>2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>HIM Supervisor will have a query developed to identify all patient's whose orders are greater than the 20 working day period to determine the number of current clients who are affected by this deficient practice. All of the physicians who are non-compliant with this deficient practice will be contacted by the HIM Supervisor to assure the compliance. Any physicians who remain consistently deficient will be brought to the attention of the Manager of HIM and the Administrator for further action.</p> <p>3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>a) The cover letter that accompanies all documents has been revised to make physicians aware that all documents need to be signed, dated and returned within 20 days per state regulations.</p> <p>b) The Orders Audit report will be monitored weekly to ensure timeliness of all documents.</p> <p>c) Physicians signing electronically will be notified via email or phone call if orders are not being returned in a timely manner.</p> <p>Continued in Attachment 5</p>	

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H198	Continued From page 10	H198	Tag H198 – 449.800 Medical Records 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> Patient #9: Patient is discharged from service. The Physical Therapist involved will write a detailed progress note to explain the deficits related to physical therapy omissions and document the respective plan of care which was omitted. These documents will be given to the physician in person by the physical therapist to further explain the issues involved. Patient # 10 Restitution was completed by notification of the physician of the delay in orders with the correct orders obtained. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> Audit EMR Projected Visits report to identify patients who currently have visits and orders that may be deficient. The respective Physical Therapist will be contacted to secure the correct documentation. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> The Physical Therapist, Lead and the Administrative Coordinator Sr. will utilize the Projected Visits Report to oversee the submission of documentation of services to the Agency. Through the Electronic	
H198	449.800 Medical Orders 6. Specific orders must be given for: (a) Rehabilitative and restorative care such as physiotherapy; (b) Skilled nursing and home health aide care; (c) Nutritional needs; (d) The degree of activity permitted; (e) Dressings and the frequency of change; (f) The instruction of a member of the family in technical nursing procedures; and (g) Any other items necessary to complete a specific plan of treatment for the patient. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to provide documented evidence of a physician's order for physical therapy visits/visit frequency for 2 of 15 patients (#9 and #10). Findings include: The agency admitted Patient #9 on 1/21/09. Patient #9's diagnoses included status post motor vehicle accident with bilateral ankle fractures, gait abnormality, and pregnancy. On 3/22/09, Patient #9's plan of care indicated a physical therapy evaluation. Patient #9's file contained documented evidence of physical therapy visits on 3/24/09, 3/26/09, 3/31/09, 4/8/09, 4/10/09, and 4/13/09. Each visit document indicated twice weekly physical therapy visits to continue. On 4/8/09, a skilled nurse indicated Patient #9 received physical therapy visits three times weekly.	H198		

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H198	<p>Continued From page 11</p> <p>On 5/19/09, a skilled nurse indicated the agency recertified Patient #9 to continue with physical therapy.</p> <p>On 5/22/09 in the morning, Patient #9's file lacked documented evidence of a physician's order for physical therapy visit frequency for the certification period 3/22/09 to 5/20/09.</p> <p>On 5/22/09 in the morning during an interview, the Professional Services Director and clerical staff indicated the physical therapist responsible for the lack of a physician's order above would try to deliver the above documented evidence regarding physical therapy services.</p> <p>On 5/22/09 at 2:00 PM, during an interview the clerical staff indicated the following when asked about the above missing physician's order: "what you have is what we have. There aren't any more copies."</p> <p>The agency admitted Patient #10 on 3/16/09. Patient #10's diagnoses included systemic lupus erythematosus, myalgia, pericardial disease, and hypertension.</p> <p>Patient #10's file contained a physician's order for twice weekly physical therapy visits between 3/22/09 and 4/11/09.</p> <p>Patient #10's file contained documented evidence of physical therapy visits or attempted visits on 3/24/09, 3/25/09, 4/1/09, 4/3/09, 4/7/09, 4/9/09, 4/14/09, and 4/16/09.</p> <p>Patient #10's file lacked documented evidence of a physician's order for physical therapy visits on 4/14/09 and 4/16/09.</p>	H198	<p><u>Continued from Page 11 H198 449.800</u></p> <p>Medical Record, the Projected Visits Report monitors the submission of documentation. The following process will be initiated:</p> <ol style="list-style-type: none"> Administrative Coordinator Sr. will monitor the orders for services by physical therapy to assure all cases are initiated within the appropriate time frames and assure there is documentation of any delay in service with notification to the physician. Lead Physical Therapist and/or Administrative Coordinator Sr. will review the Projected Visits Report twice weekly to assure all documentation of visits per the plan of care have been submitted to the agency; if <p>4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i></p> <p>The 10 % audit of the physical therapy services will include the physician orders including submission of documentation. This documentation will be submitted monthly to the Performance Improvement Leadership, PAG and the Board of Directors.</p> <p>5. <i>Responsible Party:</i> Professional Services Director</p> <p>6. <i>Anticipated date of completion:</i> July 15, 2009</p> <p>*****</p>	

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H198	Continued From page 12 On 5/22/09 at 2:00 PM, during an interview the clerical staff indicated the following when asked about the above missing physician's order: "what you have is what we have. There aren't any more copies." Severity: 2 Scope: 1	H198		
H200	449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Based on record review, policy review and staff interview, the agency failed to obtain a physician's order for changes in the plan of care for 5 of 15 patients (#5, #9, #10, #12, and #14). Findings include: The agency admitted Patient #5 on 5/21/08. Patient #5's diagnoses included vascular graft, status post venous catheter, lower extremity deep vein thrombosis/embolism, peripheral vascular disease, hypertension, and diabetes. On 5/21/08, Patient #5's plan of care indicated skilled nursing visits three times weekly for nine weeks. On 5/21/09, Patient #5's file documented twice weekly skilled nursing visits for three weeks before discharging the patient. Patient #5's file lacked documented evidence of a physician's order for a change in the plan of care. The agency admitted Patient #9 on 1/21/09. Patient #9's diagnoses included status post motor	H200	Tag H200 – 449.800 Medical Records 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> Patient # 5 Physician will be notified of any change in the plan of care with orders as appropriate. Patient #9: Patient is discharged from service. The Physical Therapist involved will write a detailed progress note to explain the deficits related to physical therapy omissions and document the respective plan of care which was omitted. These documents will be given to the physician in person by the physical therapist to further explain the issues involved. Patient # 12 Patient discharged from therapy as of May 18 th . There are current visits for May 12 th and May 15 th in the medical record. The clinician had completed these two visits but they had not been received by the office on the date of Survey. The Physical Therapist will write a progress note to the physician to account for the missed visits the w/o May 3 rd – May 10 th .	

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H200	<p>Continued From page 13</p> <p>vehicle accident with bilateral ankle fractures, gait abnormality, and pregnancy.</p> <p>On 5/22/09 in the morning, Patient #9's file lacked the following documented evidence for the certification period 3/22/09 to 5/20/09:</p> <ol style="list-style-type: none"> 1. A physical therapy evaluation ordered on 3/22/09 2. Physical therapy visits dated from 4/14/09 to 5/22/09 3. Physician orders for physical therapy visit frequency 4. A physical therapy discharge summary <p>On 5/22/09 in the morning, during an interview, the Professional Services Director and clerical staff indicated the physical therapist responsible for the four items above would try to deliver the above documented evidence regarding physical therapy services.</p> <p>On 5/22/09 at 2:00 PM, during an interview, the clerical staff indicated the following when asked about the above four items: "what you have is what we have. There aren't any more copies."</p> <p>Patient #9's file lacked documented evidence of a physician's order for a change in the plan of care.</p> <p>The agency admitted Patient #10 on 3/16/09. Patient #10's diagnoses included systemic lupus erythematosus, myalgia, pericardial disease, and hypertension.</p> <p>Patient #10's file contained a physician's order for twice weekly physical therapy visits between 3/22/09 and 4/11/09.</p> <p>Patient #10's file contained documented evidence</p>	H200	<p><u>Continued from Page 13 H200 449.800</u></p> <p>Patient # 10 Restitution was completed by notification of the physician of the delay in orders with the correct orders obtained.</p> <p>Patient # 14 Physician will be notified of any change in the plan of care with orders as appropriate.</p> <ol style="list-style-type: none"> 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> <p>Non-compliance with the Plan of Care has the potential to recur with all patients; therefore, FHS will proceed with corrective actions for all staff to assure compliance with standards.</p> <ol style="list-style-type: none"> 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> <p>Systematic changes will include:</p> <ol style="list-style-type: none"> a) Policy – The Physician's Participation in the Plan of Care policy has been reviewed and updated. The policy will be distributed to all clinicians for educational remediation. • Attachment 6 – Physician Participation in Plan of Care. b) In-service to all clinicians on the 'Guideline for Conformance with Physician Orders and Notification of Changes in the Plan of Care. • Attachment 6 – Guideline: Compliance with Physician Orders with Notification of Changes to the Plan of Care. c) All new employees will include in-service on 'The Physician's 	

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H200	<p>Continued From page 14</p> <p>of physical therapy visits or attempted visits on 3/24/09, 3/25/09, 4/1/09, 4/3/09, 4/7/09, 4/9/09, 4/14/09, and 4/16/09.</p> <p>Patient #10's file lacked documented evidence of a physician's order for physical therapy visits on 4/14/09 and 4/16/09.</p> <p>On 5/22/09 at 2:00 PM during an interview, the clerical staff indicated the following when asked about the above missing physician's order: "what you have is what we have. There aren't any more copies."</p> <p>Patient #10's file lacked documented evidence of a physician's order for a change in the plan of care.</p> <p>The agency admitted Patient #12 on 4/25/09. Patient #12's diagnoses included pathological hip fracture, total hip fracture, and bone/breast cancer.</p> <p>On 4/25/09, Patient #12's plan of care indicated twice weekly physical therapy visits between 5/3/09 and 5/16/09.</p> <p>Patient #12's file lacked documented evidence of physical therapy visits or a physician's order discontinuing them between 5/3/09 and 5/16/09.</p> <p>Patient #12's file lacked documented evidence of a physician's order for a change in the plan of care.</p> <p>The agency admitted Patient #14 on 5/8/09. Patient #14's diagnoses included antepartum diabetes and asthma.</p> <p>On 5/8/09, Patient #14's plan of care indicated</p>	H200	<p><u>Continued from Page 13 H200 449.800</u></p> <p>Participation in the Plan of Care' policy, and the 'Guideline for Conformance with Physician Orders and Notification of Changes in the Plan of Care'.</p> <ul style="list-style-type: none"> • Attachment 6 – Guideline: Compliance with Physician Orders with Notification of Changes to the Plan of Care. d) A monthly regulatory audit of clinical documentation will be completed by departmental management staff to ensure compliance. e) Failure of staff to review and document compliance with orders with notification of the physician <p>4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i></p> <p>Compliance with Physician's orders is a part of the regulatory audit completed by the Agency.</p> <ul style="list-style-type: none"> • Attachment 6 – Regulatory Review Audit CAP 2009 <p>In addition, a focused audit of the Projected Visits report, as well as, Missed Visits Report will be completed monthly until 100% compliance sustained for 6 months.</p> <p>5. <i>Responsible Party:</i></p> <p>Professional Services Director</p> <p>6. <i>Anticipated date of completion:</i></p> <p>July 15, 2009</p> <p>*****</p>	

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H200	<p>Continued From page 15</p> <p>twice weekly skilled nursing visits for the week of 5/10/09.</p> <p>Patient #14's file contained documented evidence of one skilled nurse visit dated 5/13/09.</p> <p>Patient #14's file lacked documented evidence of a second skilled nursing visit or a physician's order discontinuing it between 5/10/09 and 5/16/09.</p> <p>Patient #14's file lacked documented evidence of a physician's order for a change in the plan of care.</p> <p>Severity: 2 Scope: 2</p>	H200			

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